**Information sheet for Covid-19 antigen test**

**Please fill in the form legibly in advance of the test**

**Nom** *(Name):*

**Prénom** *(Forename):*

**Date de Naissance***(Date of Birth, dd/mm/year):*

**Téléphone portable***(Cell Phone number):*

**Email***(Email):*

**Adresse***(Address):*

**Code postal***(Zip Code) :* **Ville***(City):*

**Pays** *(Country)*:

**Antigen test fee: 29 Euros**

**Payment:** Visa card/American Express/Cash

**Please send completed form to:** sc.cannes@orange.fr